

## IAWG MENA Conference Matrix

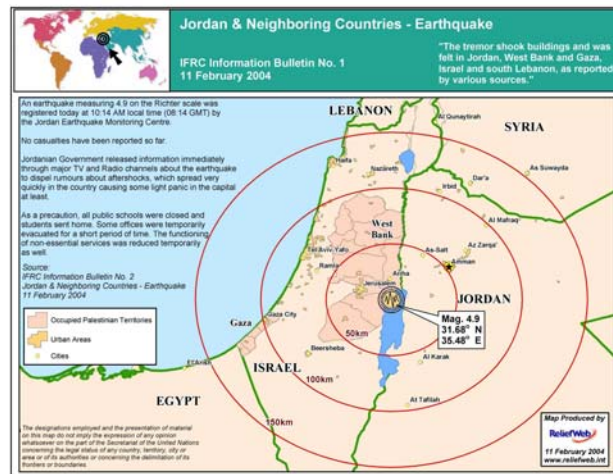
Each country team is requested to complete the following form. Content can be based on discussions among working group participants, with SRH focal agencies in country, available data or otherwise identified needs by SRH stakeholders.

IAWG RH in Crisis Situations MENA Working Groups' Scope of Work: The main purpose of developing a regional work group is to develop a common understanding about the nature of crises prevailing within the region, understand the specific dynamic affecting reproductive health and rights during crises and protracted/post-crisis situations and ultimately develop coherent and mutually supportive responses, preparedness and contingency planning, when applicable.

<b>Country</b>	Jordan
<b>Location of crisis</b>	North, Mid and South of Jordan, type of crises are identified per each location.
<b>Description of current or most recent crisis from 2000 onwards - (nature, type, duration, affected population)</b>	<p><i>Ex. manmade, natural, civil war, earthquake, internally displaced persons, refugees in camp settings, refugees in urban areas, , collective centers, host families</i></p> <p><b><u>Manmade Crises.</u></b></p> <p><b>2003</b>, manmade conflicts in Iraq that lead to influx of refugees to Jordan borders both Iraqi nationalities and third country nationals. Third country nationals were at JRC camp for six months later camp was closed and the remaining refugees were moved to UNHCR camp that was closed last year. Hundreds of third country nationals have passed through the camp - students and guest-workers from Somalia, Ethiopia, Sudan or Egypt. Some have stayed only for a short time. Others – between 200 and 250 – whom returning home would mean returning to another war-torn country were moved to UNHCR camp.</p> <p>The UNHCR camp had 120 people by the time of its closure. A high influx of Iraqi refugees to urban areas happened over many years later. In reference to IMC “Health Needs and Perceptions of Patients in Jordanian Red Crescent and Caritas Clinics” Survey Findings March, 2008, care seekers who responded to the survey were overwhelmingly Iraqi (94%); Arrivals of Iraqis to Jordan followed an increasing trend from 2003 to 2006, with 33% of respondents arriving during the 2006 migration peak; migration then declined significantly with 2007 arrivals accounting for 13% of respondents.</p> <p>According to the Norwegian Research Institute Fafo study that was conducted in cooperation with the Jordan Department of Statistics, May 2007, it was estimated that there are between 450,000-500,000 Iraqi residents in Jordan although it is believed now that it is more likely to have hundreds of thousands Iraqi refugees still living in Jordan.</p> <p><b><u>Natural Crisis and hazards.</u></b></p> <p><b>In general</b>, Jordan is highly vulnerable to earthquakes, floods, droughts and desertification as well as to spread of epidemics.</p> <p><b>2000- 2008</b>, hundreds of earthquake hit Jordan, 120 earthquake were registered over the last eight years measuring between 4 – 4.5 on Richter scale and the highest</p>

was 4.9 degree in 2004 by the Jordan Monitoring Center. Although no major injuries or serious damage occurred but earthquakes are a major threat to Jordan due to its geographical location. Jordan is located at the direct vicinity of the seismic active Dead Sea Transform Fault that extends 1000 km from the Red Sea to Turkey. A large percentage of Jordan populations live within 50 km of this seismically active Dead Sea Transform Fault. The rapidly growing cities of Amman and Aqaba in earthquake-prone areas drastically increases vulnerability in terms of the number of people and infrastructures exposed to hazard.

Current estimates predict a major earthquake in the region roughly every 100 years. The inevitability of earthquakes coupled with rapid urban growth in Jordan's major cities makes the implementation of a comprehensive and holistic urban risk reduction programme for Jordan imperative. Most buildings have been erected without seismic resistant construction techniques, which increases vulnerability of the population and the cost of disaster damage in the event of a major earthquake.



**2007**, natural disasters, floods in Jordan valley were two people were killed and in general floods has caused material damage for the people living the Jordan valley over many years.

**2002 – 2008**, spread of different epidemics, infectious diseases, food poisoning and water pollution affecting hundreds or thousands of people

Epidemic	Year	No of Patients
German Measles	2002	13,879
Food poisoning	2006	1,585
Food poisoning	2007	338
Water pollution	2007	900
Chicken Pox	2008	11,356

*National Health Strategy for Health Disasters preparedness and Response*

**Additional issue of concern:**

Refugees in no-man's land on the Iraqi-Jordanian border. UN-News Center reported July 8- 2009 that UNHCR shut

	<p>makeshift camp, home to nearly 200 Iranian Kurds refugees, in the no-man's land on the Iraqi-Jordanian border, relocating them to another site on Iraq's border with Syria.</p> <p>The 186 Iranian Kurds were moved by UNHCR's Office in Iraq to Al Waleed camp, a Palestinian refugee camp near the border with Syria which already hosts 1,400 Palestinian refugees.</p> <p>However, this group of 186 refugees fled to no-man's land at the border village of Trebil, creating challenges for UNHCR, which was providing them with basic assistance, and for the Iraqi Government, which provided security. As this assistance cannot continue if the refugees continue to reside in the location.</p>
<p><b>Number of persons affected</b></p>	<p>Difficult to be determined considering the indirect affected Jordanian mainly by influx of refugees from neighboring countries.</p>
<p><b>In your experience, list what worked well with SRH in emergency responses?</b></p>	<p><i>Ex. SGBV trainings, interagency coordination, donor support, etc.</i></p> <ol style="list-style-type: none"> <li>1. A well established MoH RH services along with political and government support to provide FP, ANC, PNC, to all health care seekers regardless to their nationality, legal status in the country and at a free of charge rate has ultimately facilitated access to these services and strengthened the cooperation and coordination with different stakeholders.</li> <li>2. The refugee influx crises have helped to identify the pre-existing gaps within the national health system, including RH services and promoted cooperation between different stakeholders to bridge those gaps and increase effectiveness of response.</li> <li>3. Capacity building for local NGOs, provision of technical and financial support, design and implementation of outreach and community based interventions for urban refugees and running mobile medical units has increased refugees awareness and access to services. In addition, referral for EmONC is covered under the SOPs for Iraqi refugees with support from donor agencies, namely UNHCR.</li> <li>4. During 2003 crises, availability of field hospitals in the TCN camp, supported with Civil Defense ambulances for emergency transfer and admission to governmental hospitals.</li> <li>5. Trained Civil Defense staff responding to crises rescue mission, including the delivery of obstetric emergency services.</li> </ol>

<p><b>Is there an existing national mechanism in place to respond to SRH in crises?</b>  <i>Please indicate whether yes or no and explain.</i></p>	<p><b>No</b>, There is no specific national mechanism to respond to SRH in Crisis.</p> <p>As a national system, the overall response to crisis is the role of the Higher Council For Civil Defense.</p> <p>The Higher Council for Civil Defense members constitute of:</p> <ul style="list-style-type: none"> <li>• Prime Ministry</li> <li>• The General directorate of Civil Defense</li> <li>• Ministries of Jordan</li> <li>• Jordanian Armed Forces</li> <li>• Public Security Department</li> <li>• Higher Council for Youth</li> <li>• Greater Amman Municipality</li> <li>• Jordan Red Crescent society</li> <li>• Jordan Chamber of Commerce and Industry.</li> </ul> <p>In terms of International organization coordination with the national government and national system for crisis, there is the UN-government working group that coordinates the UN role in supporting the national emergency plan.</p> <p>And very recently, the National Security and Crisis Management Center (NSCMC) was established to reach full coordination and cooperation amongst the civil and military departments and unite the security effort in facing challenges that target Jordan.</p> <p>None of the national systems or national emergency plan have a specific component to address SRH in crises, even the MOH National Health Strategy for Health Disasters preparedness and Response.</p>
<p><b>Do you expect a future crisis? If yes, please explain in details the most likely scenario to occur.</b></p>	<p><b>No</b> – List 3 main reasons/challenges preventing SRH from being integrated into the national response mechanism  <i>- Ex. limited resources, lack of technical expertise and knowledge, lack of will, etc.</i></p> <ol style="list-style-type: none"> <li>1. Lack of awareness about SRH among decision makers, consequently SRH needs in crisis are not on the radar as one of the priorities to be addressed with the national system and national policies and strategies for emergency response.</li> <li>2. Limited coordination between the MOH different departments responding to SRH services in crisis due to a vertical organizational structure.</li> <li>3. Poor coordination between different stakeholders, thus weakening the advocacy joint efforts that can promote integration of SRH into national response mechanism.</li> </ol> <p>In reference to the National Strategic Plan for Responding to Emergencies 2004, and JRC Emergency plan 2008-2010, And MoH Health Strategy for Health Disasters preparedness and Response. It is identified that Earthquakes, floods, refugees' migration to Jordan and Infectious disease outbreak are crises more likely to happen.</p>

	<ul style="list-style-type: none"> <li>- <b>Displacement and migration:</b> <ul style="list-style-type: none"> <li>▪ Earthquakes, floods and epidemics will force the movement of people into camps, and needs for shelter, food, clean water and health services arise.</li> <li>▪ Political instability in the region, forcing migration to Jordan, and needs for response on borders and needs for international assistance rise up.</li> </ul> </li> <li>- <b>Infectious disease outbreak</b>, e.g. H1NI influenza</li> <li>- <b>Floods</b>, causing spread of waterborne infections, limitation of search and rescue missions, human injuries and material loss and damage, in worst scenario the collapse of camps and dawning the near by areas</li> <li>- <b>Earthquakes</b>, and there is two scenarios, one that local entities can respond to efficiently and this scenario more likely to happen than the other worse scenario that requires international aid.</li> </ul>
<p><b>Please provide up to three recommendations that would improve SRH emergency response in your setting?</b></p>	<ul style="list-style-type: none"> <li>- Increasing awareness among decision makers about the vulnerability of women in crisis and advocate for the integration of SRH emergency response element into the national emergency response system.</li> <li>- Provide collective and coordinated international technical and financial support to strengthen the national emergencies response system and to build capacity of local entities namely the NSCMC.</li> <li>- Continue support to MOH responding to SRH needs to improve the quality of SRH services provided.</li> <li>- Strengthen the currently existing refugee assistance programs by integrating more effectively SRH component into their health activities, setting up and reporting indicators expand the integration of RH issues into the existing community outreach and health promotion interventions, integration of other RH services into the existing PHC package and expand SGBV, STI management programs.</li> </ul>
<p><b>Recommendations for MISP for SRH in crisis situations training</b>  <u>Components include:</u>  1) <i>Coordination</i>  2) <i>Maternal &amp; Newborn Health:</i>  3) <i>HIV/STIs:</i>  4) <i>SGBV:</i>  5) <i>Planning for Comprehensive RH Services:</i></p>	<ul style="list-style-type: none"> <li>- Building MOH capacity in the area of MISP services.</li> <li>- Coordination</li> <li>- SGBV</li> <li>- STI syndromic approach</li> </ul>
<p><b>List of focal agencies able to carry action plan forward</b></p>	<p>IMC will be the focal point along with the RH – subgroup</p>
<p><b>Priority outcomes desired from IAWG MENA working group</b>  <i>(please list at least 3)</i></p>	<ul style="list-style-type: none"> <li>- Establish an information repository about SRH in crisis in the region including on-call available technical experts’ roster of those who can immediately be reached in crisis for technical support.</li> <li>- Share information on available resources in the region, HR, technical materials and documented best practices.</li> <li>- Coordination of collective capacity building for governments and concerned parties in SRH response in crisis.</li> </ul>